

**Patient Involvement Working Group
of the
Chief Medical Officer's National Blood Transfusion Committee**

Terms of Reference

1.0 BACKGROUND

1.1 A series of Health Service Circulars on Better Blood Transfusion, the most recent being Better Blood Transfusion – Safe and Appropriate Use of Blood (HSC 2007/001) have highlighted the importance of patient and public involvement in clinical transfusion practice. All the surveys of implementation have concluded that considerable further progress is needed in relation to this objective. See:

<http://www.transfusionguidelines.org/Index.aspx?Publication=NTC&Section=27&pageid=1368>

1.2 Disproportionate amounts of public resources are spent on reducing ever diminishing infective risks associated with blood transfusion. This should be balanced against the costs of clinical trials to increase the evidence base for transfusion, use of alternatives and avoidance strategies: the public needs to be informed and involved in this debate (McClelland & Contreras 2005 BMJ; 330:104).

1.3 There is continued wide variation in blood usage and implementation of blood sparing strategies despite the availability of guidelines. Heightened awareness of transfusion issues amongst patients and the public will empower both groups and may assist in effecting changes in practice. This supports the the NHS White Paper, Equity and excellence: Liberating the NHS that sets out how we will put patients at the heart of everything the NHS does, focus on continuously improving those things that really matter to patients - the outcome of their healthcare; and empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

1.4 The Terms of Reference for the Chief medical Officer's (CMO) National Blood transfusion Committee (NBTC) and Regional Transfusion Committees (RTC) specify the remit of 'listening to and informing patient concerns about transfusion', together with 'providing appropriate patient information and reporting on patients experiences about transfusion services'. There needs to be a clear mechanism for delivering on outcome measures in relation to patient involvement.

2.0 REMIT

2.1 The overall objective is to promote patient and public involvement in clinical transfusion practice.

2.2 Review current sources of patient information relating to blood transfusion and identify need for improvement and development including patient leaflets and internet sites.

2.3 Review current systems for dissemination of patient information and explore alternative strategies for the effective dissemination of this information.

2.4 Identify opportunities and appropriate strategies for the feedback of patient concerns and experiences in relation to blood transfusion.

2.5 Collaborate with other NHS organisations such as the National Patient Safety Agency, in promoting patient involvement in blood transfusion with a view to improving safety.

2.6 Co-ordinate National Awareness initiatives in collaboration with RTCs, Hospital Transfusion Committees, Hospital Transfusion Teams, other clinical staff and community groups.

2.7 Promote audit and research in methods and outcomes in patient involvement strategies.

3.0 MEMBERSHIP

3.1 Representatives from CMO's NBTC, NHS Blood and Transplant, National Patient Safety Agency, Hospital Transfusion Teams and Patient groups.

3.2 Other members to be co-opted as needed.

4.0 OUTCOME MEASURES

4.1 Development of Annual Workplan that is updated every 6 months and reviewed by CMO's NBTC.

4.2 Provide information on current strategies available and develop new strategies for patient involvement where needed.

4.3 Provide feedback on patients concerns and experiences of blood transfusion.

4.4 Demonstrate ongoing collaboration with key national agencies in promoting patient involvement i.e. NPSA, DH, Advisory Committee on the Safety of Blood, Organs and Tissues (SaBTO).

4.5 Deliver bi-annual national transfusion awareness campaign engaging patients and the public.

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